

International Heat & Frost Insulators Local #3 Health and Welfare Fund

33 FITCH BOULEVARD

AUSTINTOWN, OHIO 44515

1-800-435-2388

VERY IMPORTANT INFORMATION – PLEASE READ CAREFULLY!!!!

April 2012

TO ALL ELIGIBLE HOURLY EMPLOYEES:

International Heat & Frost Insulators & Allied Workers Local #3, understands the rising costs in healthcare and looks to other managed care programs in order to continue offering favorable health care options.

We are pleased to announce *Medical Mutual of Ohio* as our Healthcare provider effective *May 1st, 2012* for medical & a 3 tier mandatory mail order drug card program. Enclosed are benefit highlights for your review.

The new “medical” plan offered through Medical Mutual is *SuperMed Plus*, a PPO (Preferred Provider Organization) plan. The plan provides benefits for all the same key medical services currently covered. Under the new *SuperMed Plus* program there is a network of providers. If you choose a network provider, the out-of-pocket cost to you is still less than if a Non-Network provider is chosen. You can review the Northeast Ohio SuperMed Plus directory to see if your current providers are in the network by visiting Medical Mutual’s website: www.medmutual.com. Here you will find the most updated listing of network providers. If you wish to receive a Network Directory, you can contact Medical Mutual Customer Service.

The new “Formulary Drug Program”, offered by Medical Mutual, is through Medco Health Systems Network. Enclosed are brochures to assist you in getting familiar with this program. Medco’s network is countrywide. All major pharmacies are in the network such as; Wal-Mart, Drug Mart, Rite Aid and CVS.

- You will have to purchase your prescriptions either at a network retail pharmacy or through Medco mail order program. You can find a Medco pharmacy on-line at: www.medco.com or by calling (800)417-1961.
- Under the plan, you will be required to pay a co-payment. Please refer to the attached benefit highlight sheet.
- **PLEASE REMEMBER TO USE A GENERIC OR PREFERRED BRAND MEDICATION IF POSSIBLE TO PAY THE LOWEST CO-PAYMENT.**
- This mailing includes a Member Guide for Rx Selections Formulary that is a great reference guide containing a list of the generic and brand medications that are PREFERRED under Medco.
- If the brand name medication that you are currently taking is not listed on this Medco Preferred Drug List, you will need to change your prescription or pay the higher co-payment amount for any refill after May 1st, 2012. You should

take this guide with you whenever you visit the doctor. If medication is prescribed, you should ask your doctor to prescribe either the generic or preferred brand medications listed in the Guide whenever feasible.

- If you currently take any type of maintenance medications that require more than TWO refills, you should contact your physician NOW to obtain TWO prescriptions; ONE for a 30-day supply to submit to the retail pharmacy for the initial fill and ONE for 4 fills for a 90-day supply to send to the mail order program along with the enclosed "Mail Order Claim Form and the appropriate co-payment. All transactions should take place on or after May 1st, 2012.
- **Generic Incentive:** If you or your physician requests a brand-name drug and a generic equivalent exists, you will pay the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug. If a generic is NOT manufactured, the member pays the copayment only.
- **Home Delivery Incentive:** When you choose to fill a prescription a fourth (4th) time at a retail pharmacy within 180 days, you will pay 50% of the drug cost, for that 30 day supply.

NOTE: *You should use your NEW Medical Mutual card with the Medco logo for prescription purchases as of May 1st, 2012.*

This packet includes:

- **My Health Plan** brochure – Helpful tools you need to understand and manage your healthcare through Medical Mutual's, "online" members portal.
- Summary of your SuperMed Plus network medical and Drug program benefits
- Prescription Drug **Benefit Handbook** and **Members Guide** to "formulary drug" listing
- **Disease and Maternity Management** program brochure – SuperWell programs such as Diabetes (participants receive free supplies), Depression, Asthma, Heart Failure, Chronic pain & COPD.
- **Transitional Care Form** – Request for temporary waiver of non-network providers for ongoing follow up care for specific medical conditions. Ex: Maternity.

Your Medical Mutual I.D. card will be mailed separately. **PLEASE MAKE SURE YOU TAKE THIS NEW CARD INTO THE PROVIDER AFTER MAY 1ST, 2012.**
If you do not receive your card before May 1st, please contact the Fund.

International Heat & Frost Insulators & Allied Workers Local #3 is pleased to be able to continue to provide you and your family with comprehensive medical coverage. If you have any questions or need additional information, please contact the Fund at 330-270-0453.



MEDICAL MUTUAL OF OHIO
CAROLINA CARE PLAN | CONSUMERS BILL

INTERNATIONAL HEAT & FROST INSULATOR & ALLIED WORK

Local #3
SuperMed Plus



Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age	26	
Older Age Child	28	
	Removal upon end of month	
Benefit Period Deductible – Single/Family ¹	None	\$300/\$900
Coinsurance	100%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	N/A	\$700/\$1,100
Physician/Office Services		
Office Visit (Illness/Injury) ²	\$20 copay, then 100%	70% after deductible
Urgent Care Office Visit ²	\$75 copay, then 100%	70% after deductible
Surgical Services In Physicians Office	\$20 copay, then 100%	70% after deductible
All Immunizations	100%	70% after deductible
Allergy Testing	100%	70% after deductible
Allergy Treatments	100%	70% after deductible
Preventive Services		
Routine Physical Exams (Age 9 and over) ²	\$20 copay, then 100%	70% after deductible
Well Child Care Services including Exam and Immunizations and Laboratory Tests (To age 9) ²	\$20 copay, then 100%	70% after deductible
Routine Hearing Exams ²	\$20 copay, then 100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	70% after deductible
Routine Laboratory, X-ray and Medical Tests (Age 9 and over)	100%	70% after deductible
Routine Endoscopic Services (Age 9 and over)	100%	70% after deductible
Routine Colon Cancer Screening	100%	70% after deductible
Outpatient Services		
Surgical Services (other than in physician's office)	100%	70% after deductible
Diagnostic Services	100%	70% after deductible
Physical Therapy – Professional and Facility (20 visits per benefit period)	Professional \$20 copay, then 100% Facility 100%	70% after deductible
Occupational Therapy – Professional and Facility (20 visits per benefit period)	Professional \$20 copay, then 100% Facility 100%	70% after deductible
Chiropractic Therapy – Professional Only (12 visits per benefit period)	\$20 copay, then 100%	70% after deductible
Speech Therapy – Facility and Professional (20 visits per benefit period)	Professional \$20 copay, then 100% Facility 100%	70% after deductible
Pulmonary Rehabilitation Professional (20 visits per benefit period)	Professional \$20 copay, then 100%	70% after deductible
Outpatient Institutional (20 visits per benefit period)	Facility 100%	
Cardiac Rehabilitation Professional (36 visits per benefit period)	Professional \$20 copay, then 100%	70% after deductible
Outpatient Institutional (36 visits per benefit period)	Facility 100%	
Emergency use of an Emergency Room ³	\$200 copay, then 100%	
Non-Emergency use of an Emergency Room ⁴	\$200 copay, then 100%	\$200 copay, then 70%

Benefits	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	100%	70% after deductible
Diagnostic Services	100%	70% after deductible
Professional Services	100%	70% after deductible
Maternity	100%	70% after deductible
Skilled Nursing Facility (Limited to 90 days per benefit period)	100%	70% after deductible
Inpatient Physical Medicine Rehabilitation(60 days per benefit period)	100%	70% after deductible
Additional Services		
Ambulance	100%	
Outpatient Diabetic Education and Training	100%	70% after deductible
Outpatient Medical Nutritional Therapy	100%	70% after deductible
Durable Medical Equipment including Prosthetic Appliances and Orthotic Devices-including Wigs (one following cancer treatment per benefit period)	100%	70% after deductible
Sterilization	100%	70% after deductible
Oral Accident	100%	70% after deductible
Home Healthcare (Limited to 90 days per benefit period)	100%	70% after deductible
Hospice	100%	
Human Organ and Tissue Transplants (Transportation and Lodging (\$10,000 benefit limit)	100%	50% after deductible
Weight Loss Surgical Services including complications from Weight Loss Surgery	Not Covered	Not Covered
Private Duty Nursing (\$50,000 maximum per member per benefit period) (\$100,000 lifetime maximum)	100%	70% after deductible
TMJ	100%	70% after deductible
Mental Health and Substance Abuse – Federal Mental Health Parity		
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services		

(rev. 04/25/12)

Note: Services requiring a copayment are not subject to the single/family deductible.

Non-Contracting and Facility Other Providers will pay the same as Non-Network.

Coinsurance expenses incurred for services by a network provider will only apply to the network coinsurance out-of-pocket limits. Coinsurance expenses incurred for services by a non-network provider will only apply to the non-network coinsurance out-of-pocket limits.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

¹Maximum family deductible. Member deductible is the same as single deductible.

²The office visit copay applies to the cost of the office visit only.

³Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.

⁴Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.



**International Heat & Frost Insulator & Allied
 Work Local #3
 Prescription Drug Program
 Mandatory Mail after 3rd Fill**

Benefits	Copay	Day Supply
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	Same as Medical	
Retail Program (with oral contraceptives) – for the initial filling and up to two refills of a prescription drug¹		
Generic Copayment	\$10	30
Formulary Copayment	\$25	30
Non-Formulary Copayment	\$40	30
Diabetic Supplies ³	\$0	30
Asthmatic Supplies ⁴	\$0	30
Retail Program – (with oral contraceptives) after the third retail fill of a Maintenance prescription drug²		
Generic	50%	30
Formulary	50%	30
Non-Formulary	50%	30
Diabetic Supplies ³	50%	30
Asthmatic Supplies ⁴	50%	30
Home Delivery Program¹(with oral contraceptives)		
Generic Copayment	\$10	90
Formulary Copayment	\$65	90
Non-Formulary Copayment	\$120	90
Diabetic Supplies ³	\$0	90
Asthmatic Supplies ⁴	\$0	90

(Rev. 04/17/12)

Includes a step therapy program

Note: In an effort to continue our commitment to quality care and help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary drug is a FDA approved prescription medication reviewed by an independent Pharmacy and Therapeutics Committee brought together by Medco Health Solutions, Inc. Formulary drugs can assist in maintaining quality care while meeting your plan's cost containment objectives.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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¹ Generic Incentive: If the member or physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-name drug.

² Retail Program coverage for maintenance Prescription Drugs is limited to the initial dispensing of the Prescription Drug and two refills. If a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, it will be covered at 50%.

³ Includes over-the-counter items, as well as insulin, syringes, needles, glucose monitors and meters.

⁴ Includes Replacement bags, Peak Flow Meters and Inhalation Spacers only.

⁵ Use of a non-participating pharmacy covered at 75% after copay is taken